

**ARIZONA STATE BOARD OF NURSING
CERTIFIED NURSING ASSISTANT
EXAM / ENDORSEMENT APPLICATION INSTRUCTIONS
REQUIREMENTS FOR CERTIFICATION IN ARIZONA**

BY EXAM

- Complete an application for Certified Nursing Assistant by Exam/Endorsement – Mail to **Arizona State Board of Nursing** (see pages 12-16)
 - Complete an application for Certified Nursing Assistant Examination – Mail application and fee to **D&S Diversified Technology Testing Company**. (see pages 9-10)
 - Pass the written and manual tests
 - Complete a fingerprint card (A fingerprint card will be sent to you when we get your application.)
 - Pay exam fees (optional) (see page 2)
 - Fingerprint results – If the results of your fingerprint check show a positive criminal history, an investigation will be started and certification will not be given to you until the investigation is done. This may take 4 to 6 months.
 - Within 2 years after you complete your nursing assistant training program provide:
 - a. A copy of the “certificate of completion” of a nursing assistant program that Arizona State Board of Nursing has approved (or letter from the program)
- OR**
- b. Proof of completing a 120 hour nursing assistant program approved by another state / territory
- OR**
- c. Proof of completing a 75 hour nursing assistant program approved by another state / territory
- AND**
- Proof of working as a nursing assistant for an additional 45 hours
- OR**
- d. Proof of graduation from an approved RN or LPN program or holds a valid RN/LPN license or meets educational requirements for RN/LPN licensure in Arizona (takes written test only)

NOTE: Applicants who have not taken the CNA exam within 2 years of their training and can show proof that they worked as a nursing assistant for 160 hours every 2 years, since they completed a state approved nursing assistant program, may take the CNA test. Example: An applicant took their initial training in 2003 and never took the exam, needs to show they worked 160 hours between 2003 and 2005, and 160 hours between 2005 and 2007. **This may be validated in a letter signed by the employer.**

BY ENDORSEMENT

(Transferring from another state)

- Complete an application for Certified Nursing Assistant by Exam/Endorsement – Mail to **Arizona State Board of Nursing** (see pages 12-16)
 - Proof of current certification in another state. **You must submit the form (see page 4) to your current state of certification.** (includes proof of passing tests) Some states charge a fee for proof of certification. Check with the state in which you are registered / certified to find out the fee you must pay **BEFORE** sending the proof of registration form. You **must** be active and in good standing to obtain endorsement in Arizona. (See page 5 for list of states). The state will return the proof of registration form directly to the Arizona Board.
 - Complete a fingerprint card (A fingerprint card will be sent to you when we get your application.)
 - Pay fees for endorsement certification (see page 2)
 - Fingerprint results – If the results of your fingerprint check show a positive criminal history, an investigation will be started and certification will not be given until the investigation is done. This may take 4 to 6 months.
 - Provides proof of completing one of the following:
 - a. Copy of the “certificate of completion” of a nursing assistant program approved by Arizona State Board of Nursing (or letter from the program)
- OR**
- b. Proof of completing a 120 hour nursing assistant program approved by another state / territory
- OR**
- c. Proof of completing a 75 hour nursing assistant program approved by another state / territory
- AND**
- Proof of working as a nursing assistant for an additional 45 hours
- OR**
- d. Proof of graduation from an approved RN or LPN program or holds a RN/LPN license or meets educational requirements for RN/LPN license in Arizona
- Is active on a nursing assistant register in another state **and** meets one of the following:
 - a. Is currently working in nursing doing nursing assistant activities even if the job description or title does not say certified nursing assistant
- OR**
- b. Has worked as a nursing assistant for at least 160 hours within the past 2 years
- OR**
- c. Has completed a nursing assistant training program and passed the required exam within the past 2 years

FEES

BY EXAM

- Optional fee of \$40 for wallet size, pink-colored paper certificate. If the \$40 is **not included** with your application, the Board will assume you **do not** want a document

BY ENDORSEMENT

- Fee is \$50
- Do not send cash. You may send a money order or check. All personal checks **must** be pre-printed with your name and address and made payable to the Arizona State Board of Nursing. Purchase Orders from facilities are not accepted.
- All fees are non-refundable.
- A \$50 fee will be charged for checks returned because of insufficient funds.

CITIZENSHIP/NATIONALITY/ALIEN STATUS DOCUMENTATION

Federal law, 8 U.S.C. § 1641, and a state law, A.R.S. § 1-501, require documentation of citizenship or nationality for certification. If the documentation does not demonstrate that the applicant is a United States citizen, national, or a person described in specific categories, the applicant will not be eligible for certification in Arizona. All applicants **must** submit documentation regarding their citizenship/nationality/alien status **with** their application. See attached list A & B for specific documentation required. (Page 6-8).

FINGERPRINTING

According to A.R.S. § 32-1606(B)(16), each applicant for initial licensure or certification is required to submit a full set of fingerprints. **A fingerprint card will be mailed to you after we receive your application. It is important for you to use that specific fingerprint card because we have Arizona State Board of Nursing information printed on the card.** It can take 3 to 4 weeks to receive fingerprint results from the FBI. You will not be certified until the FBI results are received.

FELONY CONVICTIONS

According to A.R.S. § 32-1646(B), an applicant for nursing assistant certification is not eligible for certification if the applicant has any felony convictions and has not received an absolute discharge from the sentences for all felony convictions. The absolute discharge from the sentence for all felony conviction(s) must be received 5 or more years before submitting this application. If you cannot prove that the absolute discharge date is 5 or more years, the Board will notify you that you do not meet the requirements for certification.

TEMPORARY CERTIFICATION

Applicants may apply for temporary certification if the following steps are met:

BY EXAM

- Proof of satisfactorily completing a nursing assistant training program that meets Board requirements

BY ENDORSEMENT

- Verification of current certification in another state

In addition – For Both Exam and Endorsement

- Applicant has submitted completed application, fingerprint card and applicable fees to the Board
- Applicant has negative state criminal history from Department of Public Safety
- Applicant has not answered “yes” to the disciplinary questions 1 and 2 on the application
- Has passed written and manual test for nursing assistants
- Submitted request for a temporary certificate and paid fees

TIME FRAMES FOR CERTIFICATION

The Board is required to process applications for nursing assistant certification within certain time periods, A.R.S. § 41-1073. The following definitions are provided to assist you in understanding the time frames below:

- Administrative completeness time frame: The number of days from receipt of an application until the Board determines that the application is complete.
- Substantive review time frame: The number of days following the administrative completeness time frame during which the Board determines whether the applicant should be certified.
- Deficiency notice: Correspondence from the Board notifying the applicant that the application is incomplete and that information is missing.
Time to respond: **The table following specifies the number of days an applicant has to respond to a deficiency notice.**
- Comprehensive written request: A request by the Board to the applicant during the substantive review time frame for additional information or documentation.
Time to respond: **The table following specifies the number of days an applicant has to respond to a comprehensive written request.**
- Overall time period: The total number of days from the Board's receipt of an application until the Board determines whether to grant certification. This time frame includes the administrative completeness time frame, the substantive review time frame, as well as time to respond to a deficiency notice and comprehensive written request.

CERTIFICATION TIME FRAMES TABLE

For Applicants without investigation and with investigation

| Type of Certification (WITHOUT INVESTIGATION) | Applicable Rule | Overall Time | Administrative Completeness | Deficiency Notice (time for applicant to respond) | Substantive Review | Comprehensive Written Request (time to respond) |
|--|-----------------|--------------|-----------------------------|--|--------------------|--|
| BY EXAMINATION | R4-19-806 | 150 days | 30 days | 270 days | 120 days | 150 days |
| Type of Certification (WITH INVESTIGATION) | Applicable Rule | Overall Time | Administrative Completeness | Deficiency Notice (time for applicant to respond) | Substantive Review | Comprehensive Written Request (time to respond) |
| BY EXAMINATION | R4-19-806 | 270 days | 30 days | 270 days | 240 days | 150 days |
| Type of Certification (WITHOUT INVESTIGATION) | Applicable Rule | Overall Time | Administrative Completeness | Deficiency Notice (time for applicant to respond) | Substantive Review | Comprehensive Written Request (time to respond) |
| BY ENDORSEMENT | R4-19-807 | 150 days | 30 days | 270 day | 120 days | 150 days |
| Type of Certification (WITH INVESTIGATION) | Applicable Rule | Overall Time | Administrative Completeness | Deficiency Notice (time for applicant to respond) | Substantive Review | Comprehensive Written Request (time to respond) |
| BY ENDORSEMENT | R4-19-807 | 270 days | 30 days | 270 days | 240 days | 150 days |

For more information, regarding time frames for nursing assistant certification, consult A.A.C. RC-19-102. For assistance with the application process, contact **Helen Tay at (602) 889-5189**. If you fail to respond to a deficiency notice or comprehensive written request within the applicable time periods, your application will be withdrawn. If you are still interested in nursing assistant certification, you must submit a new application and applicable fees.

To obtain an application for
CNA Exam/Endorsement
go to our Website and download an application.
www.azbn.gov

Arizona State Board of Nursing
4747 N. 7th St., Suite 200
Phoenix, AZ 85014-3653
Phone: 602-889-5150 Fax: 602-889-5155
E-mail: arizona@azbn.gov

PROOF OF NURSE AIDE REGISTRATION

Send this completed form to the STATE AGENCY where you are currently certified/registered.
(Addresses and phone numbers listed below)

PART I: To be completed by the nursing assistant. PRINT CLEARLY.

| | | | | |
|--|-----------------------|-------|---------------------------|---------------------------------|
| NAME: | Last | First | Middle | Maiden Name or Other Names Used |
| Address: | Number & Street | | City | State Zip |
| Social Security Number: | Date of Birth | | (Area Code) Telephone No. | |
| State Of Current Certification: | Certification Number: | | Date of Issue: | |
| NURSE AIDE TRAINING PROGRAM: Provide Name of School or Program, City & State | | | Date Completed | |

PART II: To be completed by the STATE AGENCY where you are currently certified/registered. * If you are certified in California, Colorado, District of Columbia, Georgia, Illinois, Maryland, Michigan, Mississippi, Missouri, Nebraska, New York, Pennsylvania, North Carolina, South Carolina, Texas, and Wisconsin verifications, fill in Part I only and return this form with your application to Arizona State Board of Nursing.

1. This individual is listed on the Nurse Aide Register and has met all relevant federal requirements under OBRA '87 and '89:

☐ Yes Certification/Registration #: _____ Expires: _____
☐ No Date of Issue: _____

2. Method of Registration (*Check All That Apply*)

☐ Deemed to the Registry without competency evaluation
☐ Registered by Endorsement from the State of _____
☐ Completed a State-Approved, training program of _____ hours
☐ Passed a State-Administered competency evaluation
☐ Not Available

3. Is there documentation of substantiated abuse, neglect or misappropriation of resident property by this individual?

☐ Yes, please explain
☐ No

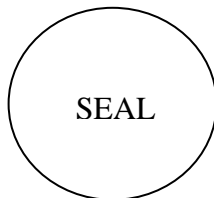
4. Is there documentation of a felony conviction in a court of law?

☐ Yes, please explain
☐ No
☐ Not Available

It is hereby certified that the above facts are stated from official records pertaining to this individual in the office of the undersigned.

Date

Nurse Aide Registry Representative Title



Agency Telephone #

City State Zip

ARIZONA STATE BOARD OF NURSING ♦ NURSING ASSISTANT REGISTRATION PROGRAM
 4747 N. 7th ST., SUITE 200 ♦ PHOENIX, AZ ♦ 85014-3653 ♦ (602) 889-5150 ♦ FAX (602) 889.5155
 Website: www.azbn.gov

CONTACT APPROPRIATE REGISTRY FOR CURRENT STATUS & FEES REQUIRED ON VERIFICATION

ALABAMA

AL Dept of Public Health
Nurse Aide Program
PO Box 303017
Montgomery, AL 36130
334.206.5169

ALASKA

Dept of Comm & Econ Dev
550 W 7th Ave, #1500
Anchorage, AK 99501
907.269.8169

ARIZONA

AZ State Board of Nursing
4747 N. 7th Street, Suite 200
Phoenix, AZ 85014-3653
602.889.5150

ARKANSAS

Office of Long Term Care
PO Box 8059, Slot S407
Little Rock, AR 72203
501-682-8551 (f)
501-682-8487

*CALIFORNIA

CNA/HHA/CHT Cert Unit
ATCS-MS 3301
PO Box 997416
1615 Capitol Ave
Sacramento, CA 95899
916-552-8893

*COLORADO

CO Board of Nursing
1560 Broadway, #880
Denver, CO 80202
303.894.2431

CONNECTICUT

CT Dept of Public Health
410 Capitol Ave,
MS#12MQA
PO Box 340308
Hartford, CT 06134-0308
860.509.7596

DELAWARE

Health Facilities Lic & Cert
3 Mill Rd, #308
Wilmington, DE 19806
302.577.6666
Verify: 888-204-6179

*DIST. OF COLUMBIA

DC Board of Nursing
717 14th St, NW, #600
Washington, DC 20005
202-724-4900

FLORIDA

FL Dept of Health
MQA/CNA Program
4052 Bald Cypress Way
BIN#C-13
Tallahassee, FL 32399
850-245-4567

*GEORGIA

GA Hlth Partn, NS Registry
1455 Lincoln Parkway, #750
Atlanta, GA 30346-2200
678.527.3010
800.414.4358

HAWAII

HI Dept of Commerce &
Consumer Affairs-Lic Branch
PO Box 3469
Honolulu, HI 96801
808.739.2101, ext 122

IDAHO

ID State NA Registry
PO Box 83720
Boise, ID 83720-0036
208-334-6620 or 208-334-6629
800.748.2480

*ILLINOIS

IL Dept of Public Health
525 W Jefferson St
Springfield, IL 62761
217.785.5133

INDIANA

IN Dept of Hlth, Div of LTC
2 N Meridian St, Sec 4B
Indianapolis, IN 46204
317-233-7479

IOWA

IA Dept of Insp & Appeals
NA Registry
Lucas State Office Building
Des Moines, IA 50319
515-281-4077
866-876-1997

KANSAS

KS Dept of Health & Envmt
1000 SW Jackson, #330
Topeka, KS 66612-1365
Verify: 785.296.6877

KENTUCKY

KY Bd of Nurs, NA Registry
312 Whittington Pkwy, 300-A
Louisville, KY 40222
502.329.7047

LOUISIANA

LA State Bd of Exam for Nurs
Facility Admin, NA Registry
5647 Superior Dr
Baton Rouge, LA 70816
225.295.8575

MAINE

ME Registry of CNAs
State House Station #11
442 Civic Center Dr
Augusta, ME 04330
207.287.9310

MARYLAND

MD Board of Nursing
4140 Patterson Ave
Baltimore, MD 21215-2299
410.585.1918

MASSACHUSETTS

MA Nurse Aide Registry
Div of Hlth Care Quality
Dept of Public Health
99 Chauncy St, 2nd Fl
Boston, MA 02111
617.753.8000

*MICHIGAN

MI Dept of Community Health
PO Box 30670
Lansing, MI 48909
Verify: 800.748.0252

MINNESOTA

MN NA Registry
85 E 7th Place, #300
PO Box 64501
St. Paul, MN 55164-0501
651.215.8705
800.397.6124-MN only

*MISSISSIPPI

MS State Dept of Health
570 E Woodrow Wilson, #200
Jackson, MS 39216
601.576.7300
Verify: 888.204.6215

MISSOURI

MO Div of Health Standards &
Licensure
PO Box 570
3418 Knipp
Jefferson City, MO 65102
573.751.3082
Verify: 573.526.5686

MONTANA

MT Dept of Pub Hlth & Human
Services - Certification Bureau
2401 Colonial Dr, 2nd Fl
Helena, MT 59620-2953
406.444.4980

*NEBRASKA

NE Hlth & Hum Svcs System
Dept of Reg & Licensure
PO Box 94986
Lincoln, NE 68509-4986
402.471.4971-General
402.471.0537-Registry

NEVADA

NV Board of Nursing
2500 W Sahara, #207
Las Vegas, NV 89102-4392
702-486-5800 or 888-590-6726

NEW HAMPSHIRE

NH Board of Nursing
21 S Fruit Street, #16
Concord, NH 03301-2431
603.271.8282 or
603.271.2323
Verify: 603.271.6599

NEW JERSEY

NJ Dept of Health & Sr Svcs
PO Box 367
Trenton, NJ 08625-0367
609.633.9171
Verify: 800.274.8970

NEW MEXICO

2040 S. Pacheco Street
2nd Floor, Rm 413
Santa Fe, NM 87505
505.476.9039
505.827.1453 automated

*NEW YORK

NY State Dept of Health
161 Delaware Ave
Delmar, NY 12054-1393
518.478.1060
Verify: 800.918.8818

*NORTH CAROLINA

NC Dept of Hlth/Hum Svcs
2709 Mail Service Ctr
Raleigh, NC 27699-2709
919.855.3969
Verify: 919.715.0562

NORTH DAKOTA

OBRA Mandated Registry
ND Dept of Health
600 E Boulevard Ave
Bismarck, ND 58505-0200
701.328.2675

ND Board of Nursing

919 S 7th Street, #501
Bismarck, ND 58504-5881
701.328.9777

OHIO

OH Dept of Health
246 N High St, 3rd Floor
Columbus, OH 43215-2412
800.582.5908-OH only
614.752.9500

OKLAHOMA

OK State Dept of Health
NA Registry
1000 NE 10th Street
Oklahoma City, OK 73117
405-271-4085
800-695-2157

OREGON

OR State Board of Nursing
800 NE Oregon St, #465
Portland, OR 97232
971-673-0685
971-673-0684 (fax)
Verify: 971-673-0679

*PENNSYLVANIA

PA Nurse Aide Registry
C/O Promissor
PO Box 13785
Philadelphia, PA 19101
800.852.0518

RHODE ISLAND

RI Dept of Hlth, Hlth Profes
3 Capitol Hill, #105
Providence, RI 02908
401.222.5888

*SOUTH CAROLINA

SC Nurse Registry
3 Bala Plaza West, #300
Philadelphia, PA 19101
800.475.8290

SOUTH DAKOTA

SD Board of Nursing
4305 S Louise, #201
Sioux Falls, SD 57106
605.362.2769

TENNESSEE

TN Dept of Health
425 Fifth Ave North 1st Fl
Nashville, TN 37247-0508
615.532.3202
Verify: 615-741-7670
888.310.4650

TEXAS

Dept of Human Services
PO Box 149030, MCY977
Austin, TX 78714-9030
512.231.5829
800.452.3934

UTAH

UT Hlth Tech Cert Center
550 East 300 South
Kaysville, UT 84037-2699
801.547.9947

VERMONT

VT State Board of Nursing
81 River St, Drawer 09
Montpelier, VT 05609
802.828.2819 or
802.828.2453
800-439-8683-VT only

VIRGIN ISLANDS

VI Board of Nurse Lic
PO Box 304247
Veterans Drive Station
St. Thomas, VI 00802
340.776.7397

VIRGINIA

VA Board of Nursing
6603 W Broad St, 5th Fl
Richmond, VA 23230
804.662.7310

WASHINGTON

OBRA NA Registry
640 Woodland Square
Loop SE
PO Box 45600
Olympia, WA 98504
360.725.2596

WEST VIRGINIA

Off of Hlth Fac Lic & Cert
350 Capital St, #206
Charleston, WV 2530
304.558.0688

*WISCONSIN

WI NA Registry
PO Box 13785
Philadelphia, PA 19101
877.329.8760

WYOMING

WY Board of Nursing
1810 Pioneer Ave
Cheyenne, WY 82001
307-777-7601
Verify: 877-626-2681

***These states do not fill out verification forms. If your verification is from one of the states with an *, please complete Part I only and return the verification form to ASBN along with your application.**

ARIZONA STATEMENT OF CITIZENSHIP & ALIEN STATUS

All applicants must answer questions on the application regarding citizenship. A copy of a document that shows evidence of your citizenship or alien status **MUST BE** submitted with your application for licensure or renewal. See List A or List B.

LIST A

Evidence showing U.S. citizen or U.S. national status includes the following:

a. Primary Evidence:

- (1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) United States passport;
- (3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-561, Certificate of Citizenship;
- (6) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (7) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (8) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have a FS-240, FS-545, or DS-1350); or
- (9) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

b. Secondary Evidence

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status;

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parent(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917, American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Marian Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a state or jurisdiction approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

c. Collective Naturalization

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

d. Derivative Citizenship

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make determination of derivative U.S. citizenship:

Applicant born abroad to two U.S. citizen parents: Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent: Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

Applicant born out of wedlock abroad to a U.S. citizen mother: Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

e. Adoption of Foreign-Born Child by U.S. Citizen

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

f. U.S. Citizenship By Marriage

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

LIST B

Qualified Aliens, Nonimmigrant, and aliens paroled into U.S. for less than one year.

a. “Qualified Aliens”

Evidence of “Qualified Alien” status includes the following:

Alien Lawfully admitted for Permanent Residence

- *Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”); or
- Unexpired Temporary I-551 stamp in foreign passport or on *I Form I-94.

Asylee

- *Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (5)”;
- *Form I-766 (Employment Authorization Document) annotated “A5”;
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

Refugee

- *Form I-94 annotated with stamp showing admission under § 207 of the INA;
- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”;
- *Form I-766 (Employment Authorization Document) annotated “A5”;

Alien Paroled Into the U.S. for at Least One Year

- *Form I-94 with stamp showing admission for at least one year under section 212(d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.

Alien Whose Deportation or Removal was withheld

- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (10)”;
- *Form I-766 (Employment Authorization Document) annotated “A10”; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA.

Alien Granted Conditional Entry

- *Form I-94 with stamp showing admission under §203 (a) (7) of the INA;
- *Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”;
- *Form I-766 (Employment Authorization Document) annotated “A3”.

Cuban/Haitian Entrant

- *Form I-551 (Alien Registration Receipt Card, commonly known as a “green Card”) with the code CU6, CU7, or CH6.
- Unexpired temporary I-551 stamp in foreign passport or on *Form I-94 with the Code CU6 or CU7; or
- *Form I-94 with stamp showing parole as “Cuba/Haitian Entrant” under Section 212 (d) (5) of the INA.

Alien who has been Declared a Battered Alien or Alien Subjected to Extreme Cruelty

- U.S. Citizenship and Immigration Service petition and supporting documentation

b. Nonimmigrant

Evidence of “Nonimmigrant” status includes the following:

- *Form I-94 with stamp showing authorized admission as nonimmigrant

c. Alien Paroled into U.S. for less than One year

- *Form I-94 with stamp showing admission for less than one year under section 212 (d) (5) of the INA

D&S DIVERSIFIED TECHNOLOGIES

PO Box #418, FINDLAY, OH 45839-0418

TOLL FREE 877-8512355 — FAX 419-422-8328 — www.hdmaster.com

ARIZONA CERTIFIED NURSING ASSISTANT (CNA) EXAMINATION APPLICATION (forms 1101 & 1402)**INSTRUCTIONS: (Also see www.hdmaster.com)**

1. **DO NOT** mail this D&S Diversified Technologies CNA Examination Application to the Arizona State Board of Nursing (AZBN)
2. **Complete** front and back sides of this CNA Examination Application.
3. **Send** this completed application **with payment** to D&S Diversified Technologies, P.O. Box 418 Findlay, OH 45839-0418
4. You **must include** proof of completion of an Arizona State Board of Nursing (AZBN) 120 hour approved NA training program **and** proof of employment as a NA **if** your NA training is more than 24 months old.

NOTE: Facilities MAKE ALL CHECKS PAYABLE TO D&S DIVERSIFIED TECHNOLOGIES.**Candidate Personal checks are NOT accepted.**

Before submitting this testing application, please check off the following: (Incomplete applications will be returned to applicant for completion.)

- ☐ This application is filled out **completely** (front and back) and **signed** where required.
- ☐ **Exam payment** is included with the testing application.
- ☐ **I have attached proof of my NA training to this application and proof of employment as a NA if my training is older than 24 months.**
- ☐ **I have also completed the Arizona State Board of Nursing Application and sent that application to the AZBN.**

Candidate Information: (form 1101) Print clearly (Use Ink) or Type (high volume users on-line registration is available at www.hdmaster.com)

Social Security No. _____ - _____ - _____ (Mandatory. Your SS number will only be shared with the Arizona State Board of Nursing)

Applicant's Name _____

Last

First

MI

Maiden/Former Name

Mailing Address (Street) _____ Apartment# _____ or PO Box # _____

City _____ State _____ County _____ Zip _____

Home Telephone _____ Message/Work Phone _____

Birth Date (Month/Day/Year) _____/_____/_____ E-Mail Address: _____
(Mandatory) Providing your email address is your authorization for us to use it for confirmation and results letters

I have successfully completed an AZBN approved 120 hour Nursing Assistant Training Program within the past 24 months or I
have completed an AZBN approved training program more than 2 years ago and I have attached proof of employment to show that I have performed
nursing assistant duties during every 24 month period since completing the training program.

Program Code # _____ Program Name _____
 (On Certificate)

City _____ Date Completed _____ Contact Person _____

If facility is paying for your test, this section must be completed by Nursing Supervisor.

Facility Name _____ Phone _____

Address _____ Contact Person _____

Signature of Nursing Supervisor _____ Date _____

The written test is also available in Spanish. If you desire your written test to be in Spanish place an X in this box. ☐The written test is also available orally. If you desire your written test to also include an audio reading place an X in this box. ☐**Checking both boxes will mean you are requesting an oral written test in Spanish.**

I hereby declare that the above supplied information is true, complete, and accurate to the best of my knowledge. I hereby authorize release of my
 test results to my training program. I will honor my test appointment and agree to forfeit all test fees as payment for services provided if I do not
 show up for my test appointment. I will be responsible for any cancellation or rescheduling fees incurred as described in the Arizona candidate
 handbook.

Candidate Signature _____

Candidate MUST sign to verify acceptance (unsigned applications will be returned)

Date _____

Please call the Findlay office if you don't get an e-mail or mail response within ten days.

D&S DIVERSIFIED TECHNOLOGIES
PO BOX #418, FINDLAY, OH 45839-0418
TOLL FREE 877-8512355 — FAX 419-422-8328 — www.hdmaster.com

TESTING OPTIONS: Only use Option 1 or Option 2, **never both.**

Testing Option 1: Regional Test Sites – Application must be received at least ten days before first requested test date.

1st Choice Test Date: (From published 1700 AZ Test Schedule)

2nd Choice Test Date: (From published 1700 AZ Test Schedule)

| | | | |
|---------------------|----------------|---------------------|----------------|
| <hr/> | <hr/> | <hr/> | <hr/> |
| 4 Digit Test Site # | Test Site Name | 4 Digit Test Site # | Test Site Name |
| <hr/> | <hr/> | <hr/> | <hr/> |
| Test Month | Test Date | Test Month | Test Date |

Testing Option 2: In-Facility Test Sites

(A CNA instructor must complete this section. The training program must be an AZBN/D&SDT certified test site to use this option.)
(High volume users may use Internet electronic application submission. Call 877-851-2355 for WEBETEST® application options and training.)

Name of Site _____ 4 Digit Test Site # _____

Contact Person _____ Phone _____

Contact Person E-Mail _____

Pre-scheduled Test Observer _____ ID# _____

Date of Testing _____ Start time for Testing: _____ AM flight start _____ PM flight start

Site Address _____ City _____ State _____ Zip Code _____

List up to twelve candidate(s) Social Security numbers for In-Facility Testing:

Exam Types and Fee Payment: (form 1402)

| # Requested | Tests / Service Requested | Self-Pay Candidates | Skilled Nursing Facility Rate Only | Totals |
|-------------|--|---------------------|------------------------------------|--------|
| | Written test or written retake | \$20.00 | \$11.06ea | |
| | Skill test or skill retake | \$65.00 | \$35.95ea | |
| | Oral and Written test or retake CIRCLE -- ENGLISH OR SPANISH | \$30.00 | \$16.59ea | |
| | Priority Fax Service | \$5.00 | \$5.00ea | |
| | Overnight Shipping | \$19.50 | \$19.50 | |
| | Express Service Fee | \$15.00 | \$15.00ea | |
| | No Show | No Refund | \$40.00 | |
| | Reschedule | \$35.00 | \$35.00 | |

Grand Total: _____

| |
|---|
| Check method of payment: _____ Check (Facility Only) _____ Cashier's Check _____ Money Order _____ Visa _____ Master Card _____ |
| Card #: _____ Expiration Date: _____ Authorized Signature: _____ |
| Print name as it appears on your credit card: _____ |

ADA ACCOMMODATION

I need special accommodation under the Americans with Disabilities Act. To qualify for special accommodations, you must provide written documentation of your disability along with your application. ADA form 1404 is available at www.hdmaster.com or call D&SDT 877-851-2355.

| |
|---|
| OFFICIAL USE ONLY: Site _____ Packet# _____ Test Date _____ Scheduler _____ |
|---|



Save yourself time
& frustration...

CNA Examination & Endorsement Applicants

Check these areas **before** returning your application.

**ALL BLANKS MUST BE COMPLETED, EXCEPT THOSE MARKED
OPTIONAL**

EXAMINATION APPLICANTS

- ☐ Your application is in black ink
- ☐ \$40 **Optional Examination fee** (for wallet-size pink colored card, to show you are certified as a CNA.)
- ☐ You have enclosed a copy of a document as proof of citizenship/nationality/alien status.
- ☐ A fingerprint card will be mailed to you after we receive your application
- ☐ You answered ALL QUESTIONS
- ☐ You signed the application
- ☐ Copy of Certificate from CNA Program stating number of hours of CNA Course (if course was completed after 2/04/2000, requirement is 120 hours). If you had only 75 hours of training, a letter signed by your employer to validate you have worked 45 hours as a nursing assistant within the past 24 months.

ENDORSEMENT APPLICANTS

Endorsement is when a CNA from another state is requesting certification in Arizona.

- ☐ Your application is in black ink
- ☐ \$50 **Mandatory Endorsement fee** (wallet-size pink colored paper certificate is included in this fee)
- ☐ You have enclosed a copy of a document as proof of citizenship/nationality/alien status.
- ☐ A fingerprint card will be mailed to you after we receive your application
- ☐ You answered ALL QUESTIONS
- ☐ You signed the application
- ☐ Copy of Certificate from CNA Program stating number of hours of CNA Course (if course was completed after 2/04/2000, requirement is 120 hours). If you had only 75 hours of training, a letter signed by your employer must be sent to the Board to validate you have worked 45 hours as a nursing assistant within the past 24 months if your certificate is less than 2 years old. Otherwise you must have practiced 160 hours in the past 2 years.

ABBREVIATIONS OF STATES & TERRITORIES

| | | | | | | | |
|----|----------------|----|-------------------|----|----------------|----|----------------|
| AL | ALABAMA | IL | ILLINOIS | MT | MONTANA | RI | RHODE ISLAND |
| AK | ALASKA | IN | INDIANA | NE | NEBRASKA | SC | SOUTH CAROLINA |
| AS | AMERICAN SAMOA | IA | IOWA | NV | NEVADA | SD | SOUTH DAKOTA |
| AZ | ARIZONA | KS | KANSAS | NH | NEW HAMPSHIRE | TN | TENNESSEE |
| AR | ARKANSAS | KY | KENTUCKY | NJ | NEW JERSEY | TX | TEXAS |
| CA | CALIFORNIA | LA | LOUISIANA | NM | NEW MEXICO | UT | UTAH |
| CO | COLORADO | ME | MAINE | NY | NEW YORK | VT | VERMONT |
| CT | CONNECTICUT | MD | MARYLAND | NC | NORTH CAROLINA | VI | VIRGIN ISLANDS |
| DC | WASHINGTON DC | MA | MASSACHUSETTS | ND | NORTH DAKOTA | VA | VIRGINIA |
| DE | DELAWARE | MI | MICHIGAN | OH | OHIO | WA | WASHINGTON |
| FL | FLORIDA | MN | MINNESOTA | OK | OKLAHOMA | WV | WEST VIRGINIA |
| GA | GEORGIA | MO | MISSOURI | OR | OREGON | WI | WISCONSIN |
| HI | HAWAII | MP | NORTH MARIANA IS. | PA | PENNSYLVANIA | WY | WYOMING |
| ID | IDAHO | MS | MISSISSIPPI | PR | PUERTO RICO | | |

Read the instructions for more details
on these reminders.

Thank you!



ARIZONA STATE BOARD OF NURSING
CERTIFIED NURSING ASSISTANT
CERTIFICATION BY EXAM OR ENDORSEMENT

SELECT ONE:

- ☐ Certification by **Examination** (complete sections 1-12 & A)
- ☐ Certification by **Endorsement** (complete sections 1-12 & B)

* A fingerprint card must be submitted (included)
* Check the instructions for appropriate fees
* Processing can take 1-2 months for permanent certification

PLEASE PRINT ALL INFORMATION WITH CAPITAL LETTERS

1. APPLICANT'S NAME

| | |
|----------------------|----------------------|
| First Name | Middle Name |
| <input type="text"/> | <input type="text"/> |
| Last Name | |
| <input type="text"/> | |
| Former Last Name(s) | |
| <input type="text"/> | <input type="text"/> |

2. SOCIAL SECURITY NUMBER

- -

BIRTH DATE (month/day/year)

/ /

SEX (optional)

Male ☐ Female ☐

BIRTH CITY

STATE

COUNTRY (ex. USA)

3. HOME ADDRESS

| | | |
|-----------------------|----------------------|----------------------|
| Street Address Line 1 | | |
| <input type="text"/> | | |
| Street Address Line 2 | County of Residence | |
| <input type="text"/> | <input type="text"/> | |
| City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

4. MAILING ADDRESS (If different than Home Address)

| | | |
|-----------------------|----------------------|----------------------|
| Street Address Line 1 | | |
| <input type="text"/> | | |
| Street Address Line 2 | | |
| <input type="text"/> | | |
| City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

5. HOME PHONE

() -

CELL PHONE

() -





11. PREVIOUS EMPLOYER

Title/Position

Employer's Name

Street Address Line 1

Street Address Line 2

Work Phone

 () -

City

State

Zip Code

Employed from
(month/year)

 /

To

 /

12. OPTIONAL INFORMATION

E-Mail Address

Marital Status: ☐ Never Married ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Ethnicity: ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Indian ☐ Other

SECTION A.

FOR EXAMINATION APPLICANTS ONLY

Have you ever taken the written or manual skills exam? ☐ No ☐ Yes If yes, list all dates, states, and results.

Date

State

Result:

Pass

☐

Fail

☐

Date

State

Result:

Pass

☐

Fail

☐

Do you want to purchase a wallet sized CNA certificate? ☐ No ☐ Yes

See the Instructions for certificate fee. If the fee is not included with your application the board will assume that you do not want a document. Certification can be verified on the internet at www.azbn.gov or by calling (602) 889-5150 and pressing option 1.

SECTION B.

FOR ENDORSEMENT APPLICANTS ONLY

Check the practice requirement that you meet for certification (one box must be checked).

☐ I have performed nursing assistant activities for a minimum of 160 hours within the past 24 months. **OR**

☐ I have completed a CNA training course in the past two years. **OR**

☐ I have not performed nursing assistant activities for a minimum of 160 hours within the past 24 months.

Have you previously filed an application in Arizona?

☐ No

☐ Yes

If yes, what year?

Did you apply for certification with a different last name?

☐ No

☐ Yes

If yes, write the name you applied with:

First Name

Middle Name

Last Name

13. CITIZENSHIP OR NATIONAL DECLARATION

Are you a citizen or national of the United States? ☐ No ☐ Yes

If yes, **submit with your application a legible copy of one of the documents from List A**. See the instructions for List A.

Name of document you are submitting _____

Expiration Date, if any (mm/dd/yyyy) _____ / _____ / _____

If you are a citizen or national of the United States, go directly to the next page. If you are not a citizen or national of the United States, complete question 14.

14. ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Submit a legible copy of the front and back of a document from the attached List B with your application.

“Qualified Alien” Status

- ☐ A. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- ☐ B. An alien who is granted asylum under Section 208 of the INA.
- ☐ C. A refugee admitted to the United States under Section 207 of the INA.
- ☐ D. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ E. An alien whose deportation is being withheld under section 243(h) of the INA.
- ☐ F. An alien granted conditional entry under Section 203(a) (7) of the INA as in effect prior to April 1, 1980.
- ☐ G. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- ☐ H. An alien who has, or whose child or child’s parent has, been declared a “battered alien” or an alien subjected to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C § 1621(a) (2))

- ☐ I. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a) (15).

Alien paroled into the United States for less than one year (8 U.S.C § 1621(a) (3))

- ☐ J. An alien paroled into the United States for less than one year under Section 212(d) (5) of the INA.

Other Person (8 U.S.C § 1621 (c) (2) (A) and (C))

- ☐ K. A nonimmigrant whose visa for entry is related to employment in the United States
- ☐ L. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 49 U.S.C § 1901 et seq.];
- ☐ M. A foreign national not physically present in the United States.

Otherwise Lawfully Present (A.R.S. § 1-501)

- ☐ N. A person not described in categories A-M who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure.**

To establish alien status, **submit with your application a legible copy of one of the documents from List B**. See the instructions for List B.

Name of document you are submitting _____

Expiration Date, if any (mm/dd/yyyy) _____ / _____ / _____



DISCIPLINARY QUESTIONS

1. Are you currently under investigation or is a disciplinary action pending against your nursing license, CNA certificate, or any other license or certification you hold in any state or territory of the United States?

☐ No ☐ Yes

If yes, **include** a detailed explanation and a copy of the paperwork regarding the current investigation or pending disciplinary action with your application.

Before answering the next question read the following: The fact that a conviction has been pardoned, expunged, dismissed, deferred, reclassified, redesignated or that your civil rights have been restored, does not mean that you answer this question “no”; you would have to answer “yes” and give details on each conviction.

2. Have you ever been convicted, entered a plea of guilty, nolo contendere or no contest or have you ever been sentenced, served time in jail or prison, or had prosecution deferred or sentence deferred or probation deferred in any **felony** or undesignated offense?

☐ No ☐ Yes

If yes, **provide a written explanation of the details** of each conviction and sentence. **Return** the written explanation, a copy of the police report and court documents for each conviction, indicating type of conviction, conviction date and sentence including the date of absolute discharge of the sentence for each **felony** conviction with your application.

NOTE: If you answer “yes” to this question, your application will not be processed until you provide proof that it has been more than 5 years since the date of absolute discharge for each felony conviction or provide proof that the conviction was designated a misdemeanor.

PLEASE BE ADVISED THAT FAILURE TO PROVIDE THE REQUESTED DOCUMENTS WILL DELAY THE
PROCESSING OF YOUR APPLICATION

VERIFICATION BY OATH OR AFFIRMATION OR DECLARATION

The undersigned declares under penalty of perjury under the laws of Arizona, that he/she:

- Is the person referred to in the foregoing application;
- That the statements are true in every respect to the best of his/her knowledge;
- That he/she has not suppressed any information that would affect this application;
- That he/she will conform to ethical standards of conduct in the profession of nursing and obey the laws and rules of the Arizona Board of Nursing;
- That he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate
- Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

Applicant's Signature

Date

Remember to enclose a copy of documentation of citizenship/nationality/alien status with your application.

CNED

Please staple all pages of the application together with documentation of citizenship or alien status and

mail to: ARIZONA STATE BOARD OF NURSING
4747 N. 7TH STREET, SUITE 200
PHOENIX, AZ 85014-3653

